

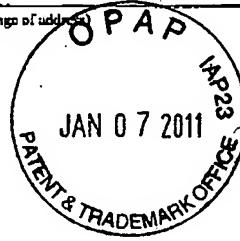
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7590 12/09/2010

Joseph J. Lake - ROBERT D. SHEDD  
Thomson Licensing Inc. LLC  
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Patricia M. Fedorowycz	(Depositor's name)
<i>Patricia M. Fedorowycz</i>	(Signature)
January 7, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/581,107	05/31/2006	Jurgen Schmidt	PD030121	5195

TITLE OF INVENTION: METHOD FOR CODING AND DECODING IMPULSE RESPONSES OF AUDIO SIGNALS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	01/07/2011 HUONG2 51810	00000081 070832	03/09/2011 10581107
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501	1510.00 DA	
BLAIR, KILE O	2614	381-017000		02 FC:1504	300.00 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). (SEE ADDRESS CHANGE ABOVE)				03 FC:1501	9.00 DA	
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						1. ROBERT D., SHEDD
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						3. GUY H. ERIKSEN

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THOMSON LICENSING

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne-Billancourt, FRANCE

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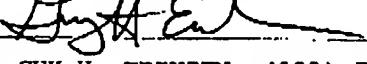
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## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date JANUARY 7, 2011

Typed or printed name GUY H. ERIKSEN (609) 734-6807

Registration No. 41,736

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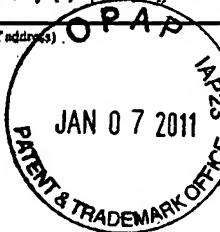
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/09/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLAIR, KILE O	2614	381-017000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <b>(SEE ADDRESS CHANGE ABOVE)</b>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. ROBERT D. SHEDD
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. PAUL P. KIEL
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